U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13383	2. Fiscal Year Covered From.
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name John E Marchell	Name Local Unior No. 3, IBEW
	Labor Organization File Number 006-367
P.O. Box, B'dg Room No., if any	P.O. Box, Building and Room Number, if any
Street 158-11 Harry Van Arsdale Jr. Avenue	Street 158-11 Harry Van Arsdale Jr. Avenue
City Flushing	City Flushing
State New York ZIP Code + 4 11365	State New York ZIP Code + 4 11365
5. Position in labor organization. President	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organized	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Forest Electric Corporation	Son was employed as Summer College Helper in bonafide employment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 2-Penn Plaza	
City New York	\$6,689
State New York ZIPCode+4 10121	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	Soliemanie
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On	08,	1	5/	2	00	5
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718-591-4000 Ext.# 450

Date

Telephone Number

Name of Person Filing John Marchell	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or liredly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with
Name	a. Labor Organ zation
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	
City	
State ZIP Coce + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under	er parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14 a Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b Amount of payment

Name of Person Filing John Marchell File Number U-

Part A Continuation Page

. Name and address of Employer (including trade name if any).	7 a. Nature of Interest, Transaction, or Income.
Name Forest Electric Corporation.	Daughter was employed as Summer College Helper in bonafide employment.
Trade Name, if any.	
P.O. Box, Bldg., Room No., if any	7.b Amount
Street 2-Penn Plaza	7.0 AROUR.
City New York	\$8,913
State New York ZIP Code + 4 10121	

A. Held an interest in, engaged in transactions (including loans) with, or derivemployees your organization represents or is actively seeking to represent.	ed income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest Transaction, or Income.
Name Local Union NO. 3, IBEW	Son was employed in bonafide employment.
Trade Name, if any	
P.O. Box, Bldg., Room No , if any	
	7.b. Amount.
Street 158-11 Harry Van Arsdale Jr. Avenue	
City Flushing	\$1,695
State New York ZIP Code + 4 11365	

Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Local Union NO. 3, IBEW	Daughter was employed in bonafide employment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 158-11 Harry Van Arsdale Jr. Avenue	
City Flushing	\$3,449
State New York ZIP Code + 4 11365	

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